

Date: _____
Time: _____

S.W.I.F.T. HOT LEAD REFERRAL

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Statewide Investigative Fraud Team (S.W.I.F.T.)
9821 BUSINESS PARK DRIVE, SACRAMENTO, CALIFORNIA 95827
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INTERNET ADDRESS: <http://www.cslb.ca.gov>
OFFICE NUMBER (916) 255-2924/FAX (916) 369-7265

SUSPECT(S) INFORMATION

Suspect's NAME (First): _____ (Last): _____

Suspect's BUSINESS NAME: _____

Suspect's ADDRESS: _____

(S) PHONE #: (_____) _____ PAGER #: (_____) _____

(S) DESCRIPTION: _____

	(Sex)	(Race)	(Age)	(Ht.)	(Wt.)	(Hair)	(Other Information)
(S) Vehicle: Lic.#							
		Make			Model		Color Year
		Make			Model		Color Year

PROJECT INFORMATION

Street Address: _____
(Include Cross Streets)

City: _____ State: _____ Zip Code: _____

Owner of Project: _____ Owner's Telephone #: (_____) _____

Residential: _____ Commercial: _____

- Type of work Suspect is doing? _____
- How long has Suspect been on the job site? _____
- How many employees (workers) on the site? _____
- How much longer will Suspect be on the site? _____
- Is Suspect working as a Prime or Subcontractor? _____

INFORMANT INFORMATION

Informant's Name: _____

Remain Confidential: YES _____ NO _____ Origin - P C G R

Phone #: (_____) _____ Pager #: (_____) _____ Cell #: (_____)